



VOLUNTEER REGISTRATION FORM

All volunteers must have a Volunteer Form on file.

Volunteers UNDER THE AGE OF 18 must have parental permission to be eligible to help with C.S.E. sports or recreational activities.

Volunteers must be 12 years of age to participate.

**PLEASE
PRINT
CLEARLY**

A PROGRAM OF

LYNCHBURG PARKS & RECREATION DEPARTMENT

VOLUNTEER NAME (First): _____

(Last): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: () _____ CELL #: _____

(If applicable work number please) : () _____

DATE OF BIRTH: _____

PARENT(S)/GUARDIAN(S) NAME(S): _____

(If under 18 years of age)

E-MAIL ADDRESS: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

KNOWN ALLERGIES: _____

FOR OFFICE USE ONLY

- | | | |
|--|---|--|
| <input type="checkbox"/> ADAPTIVE BASKETBALL | <input type="checkbox"/> T-BALL/SOFTBALL | <input type="checkbox"/> ADAPTIVE TENNIS |
| <input type="checkbox"/> ADAPTIVE VOLLEYBALL | <input type="checkbox"/> ADAPTIVE BOWLING | <input type="checkbox"/> ADAPTIVE AQUATICS |
| <input type="checkbox"/> ADAPTIVE CROQUET | <input type="checkbox"/> ADVENTURE CLUB | <input type="checkbox"/> FISHING PRGRAM |
| <input type="checkbox"/> ADAPTIVE GOLF | <input type="checkbox"/> CRAFT PROGRAMS | |

OTHER PROGRAMS: _____

SEND APPLICATIONS TO: LYNCHBURG PARKS & RECREATION, C/O BARB FRANZ, C.S.E. PROGRAM COORDINATOR

301 GROVE ST., LYNCHBURG, VA 24501 Ph.434-847-1640, Ext. 115

PLEASE FILL OUT BOTH SIDES. THANK YOU!

IF A MINOR PLEASE READ AND HAVE PARENTS OR GUARDIANS SIGN

PHOTOGRAPHIC RELEASE: I/We grant permission to use individual or group pictures of myself or our child. Unless permission for photographic release is explicitly withheld, The City of Lynchburg Parks & Recreation and The Challenged Sports Exchange is released from any claims which may arise in that regard.

**THE CITY OF LYNCHBURG PARKS & RECREATION & CHALLENGED SPORTS EXCHANGE
PROGRAM RESERVES THE RIGHT TO DENY PARTICIPATION IF:**

- The player's actions cause injury to other players, self, staff, or volunteers.
- The player's inappropriate behavior causes disruption to the scheduled playing routine.
- Participation in The Challenged Sports Exchange is considered inappropriate for the individual.

The City of Lynchburg, Virginia
Parks & Recreation
301 Grove Street, Lynchburg, VA 24501
(434)847-1640

**PARTICIPATION AGREEMENT, COVENANT NOT TO SUE
AND INDEMNITY AGREEMENT**

The City Of Lynchburg is allowing me to participate in The Challenged Sports Exchange league events **which are programs of the Lynchburg Parks and Recreation Department**. I am fully aware of the inherent risks and hazards associated with this activity, which include, but are not limited to, the possibility of bodily injury, physical disability, physical and mental disease, death and property damage. I understand the accident risk factor for my own physical capabilities, and I certify that I am physically capable of participating in this activity. Further, I am aware that it is highly recommended that a doctor's approval be obtained prior to becoming actively involved in any strenuous activity such as this.

Understanding these risks, it is still my decision to participate in any activity and in consideration of the City allowing me to participate, I hereby assume full responsibility for such risks. I agree that neither I or my legal representatives, heirs and assignees, will hold the City responsible for any injuries, disabilities, physical or mental disease, death, property damage, losses and expenses of any nature whatsoever, that I may sustain as a result of my participation in this activity, whether caused by the negligence of the City, its officials, employees and agents or otherwise.

I further agree to indemnify, hold harmless and to assume the defense of the City, its officials, employees and agents from all claims and expenses of any nature whatsoever, including the cost of defending such claims, which may accrue against, be charge to, be recovered from or sought to be recovered from the City, its officials, employees and agents, as a result of my participation in this activity.

I understand that this Participation Agreement, Covenant Not To Sue and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

WITNESS my signature this _____ day of _____, 2004.

Participant: _____

Witness: _____

CAUTION: READ BEFORE SIGNING